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Application Number	10/595,571
Filing Date	04/27/2008
First Named Inventor	You
Title	GENE EXPRESSION AND POLYMORPHISMS THAT ARE PRESINTIVE OF LUNG CAN
Art Unit	
Examiner Name	
Attorney Docket Number	2272704393

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OR							
Practitioner(s) named below:							
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I am the: Applicant/Inventor.							
Assignee of record of the entite interest. See 37 CFR 3.71. Statement under 37 CFR 3.78(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature				Date	11-1-04		
Name Ming You				elephone	314-362-9679		
Title and Company							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of 3 forms are submitted.							

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Under the Passerverk Reduction Act of 1995, no persons are required to reproved to a collection of Information unless it displays a valid OMB control number. Application Number 10/585.571 Filing Date 04/27/2008 POWER OF ATTORNEY First Named Inventor Ύоυ Title לעם שליינים בייניונים אינו דיינים של שליינים ביינים CORRESPONDENCE ADDRESS Art Unit INDICATION FORM **Examiner Name** Attorney Docket Number 2272704293 I hereby appoint: 24024 Practillaners associated with the Customer Number: QR Precitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(a) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above identified application to: $|\mathbf{V}|$ The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: Firm or Individual Name Address Ζlp State City Country Telephone Fax am the: $\overline{\mathbf{x}}$ Applicant/Inventor. Ausignee of record of the entire interest, See 37 CFR 3.71 Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Date Signature Talephone Name Zhonociu Zhano

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Attorney Docket Number 2272704365 Thereby appoint: Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Dustomer Number: OR Firm or Individual Name Address			,
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Name Mangba Fulamura Telephone 3-3-37-2-37-1/	Name Manaba Fulamura		1/2/2017
Title and Company Inventor	Title and Company Inventor		
NOTE: Signatures of all the inventors or Assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithms is required, see below.	NOTE; Signatures of all the inventors or Assignees of record of the enti- signature is required, see below.	ire interest or their representative(s) are	e required. Submit multiple forms if more than one
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